



DEPARTMENT OF DEFENSE  
TRICARE EUROPE  
UNIT 10310  
APO AE 09136-0005

MAY 05 2004

MEMORANDUM FOR COMMANDER, ERMIC  
FLEET MEDICAL OFFICER, CINCUSNAVEUR  
COMMAND SURGEON, USAFE

SUBJECT: Revised Policy for Authorization and Network Use for Cosmetic/Plastic and Morbid Obesity Surgeries in Host Nation Facilities

1. TRICARE Europe continues to align preauthorization processes to support a managed care environment, mirroring those used by other TRICARE Regions to best serve their enrolled populations. Cosmetic, plastic and morbid obesity surgeries performed in the host nation system have historically presented a unique management challenge. In applying industry standard tools, we are ensuring our population is being managed efficiently and effectively, meeting the needs of both the beneficiary and the provider.
2. To achieve uniformity of practice within this region, policy TEO PL2002-002 was revised evaluated and updated. Policies TEO PL04-001 and TEO PL 04-002 supercede TEO PL 2002-002. These policies provide a mechanism for TRICARE Europe Prime and TRICARE Standard beneficiaries to request preauthorization for cosmetic, plastic or morbid obesity surgeries at host nation facilities.
3. These policy changes apply to all TRICARE beneficiaries in non-remote locations. If you have any questions, my point of contact at the TRICARE Europe Office is COL Gail Williamson. She can be reached at email: [gail.williamson@europe.tricare.osd.mil](mailto:gail.williamson@europe.tricare.osd.mil) or phone number: DSN 496-6324/631, commercial 49-(0) 6302-67-6324.

ELDER GRANGER  
Brigadier General, USA  
Lead Agent

Attachments:

1. TEO-PL 04-001 with Appendix A
2. TEO-PL 04-002 with Appendix A



## **TRICARE EUROPE**

### **TEO PL 001-04**

#### **AUTHORIZATION AND NETWORK USE FOR COSMETIC/PLASTIC SURGERIES IN HOST NATION FACILITIES**

##### **1. REFERENCES:**

- a. TRICARE Policy Manual 6010.47-M, March 2002, Chapter 1 – Medical Services  
Section 24.1, Dermatological Procedures – General, Issue Date 19 April 1983
- b. TRICARE Policy Manual 6010.47-M, March 2002, Chapter 3 – Surgery and Related Services
  - (1) Section 1.1, Complications (Unfortunate Sequelae) Resulting From Noncovered Surgery or Treatment, Issue Date 11 April 1984
  - (2) Section 1.2, Cosmetic, Reconstructive and Plastic Surgery-General Guidelines, Issue Date October 22, 1985
  - (3) Section 1.3, Laser Surgery, Issue Date 12 September 1986
  - (4) Section 2.1, Integumentary System, Issue Date 26 August 1985
  - (5) Section 2.2, Post mastectomy Reconstructive Breast Surgery, Issue Date 7 October 1982
  - (6) Section 2.4, Reduction Mammoplasty for Macromastia, Issue Date 22 October 1985
  - (7) Section 2.5, Silicone or Saline Breast Implant Removal, Issue Date 30 June 1993
  - (8) Section 2.6 Breast Construction as a Result of a Congenital Anomaly, Issue Date 16 April 1986
- c. TRICARE Policy Manual 6010.47-M, March 2002, Chapter 7 – Other Services
  - (1) Section 16.1, Unproven Devices, Medical Treatment, and Procedures, Issue Date 1 November 1983
  - (2) Section 20.2, Exclusions, Issue Date 1 June 1999
  - (3) Section 24.1, Gynecomastia, Issue Date 18 May 1994
- d. 32 C.F.R. 199.4, CHAMPUS, Basic Program Benefits, 9 July 2002
- e. 32 C.F.R. 199.2, CHAMPUS, Definitions, 17 April 2002
- f. TRICARE Policy Manual 6010.47-M, March 2002, Chapter 12-TRICARE Overseas Program, Section 11.1, TRICARE Overseas Program (TOP)-Lead Agent Requirements, Issue Date 20 September 1996

2. **PURPOSE:** To establish procedures for referring TRICARE Europe Prime and Standard beneficiaries to civilian host nation facilities for cosmetic/ plastic surgery. This policy aligns TRICARE Europe with CONUS procedures for preauthorization of cosmetic, plastic surgery. Mechanisms are outlined for preauthorization. Key criteria of TRICARE policies, referenced above are highlighted: complete current policies can be found on the internet at <http://www.tricare.osd.mil/tricaremanuals/>.

3. **SCOPE:** This policy implements a preauthorization process for Region 13 beneficiaries seeking surgery for cosmetic, plastic surgeries in accordance with references (a) through (f).

##### **4. DEFINITIONS:**

- a. Preauthorization: Also known as a preadmission certification, preadmission review, prospective

review, precertification and prior authorization. The process of obtaining certification or authorization from the health plan or its designated representative to determine if benefits are payable for certain services before care or treatment is rendered. Involves appropriateness review against established criteria to determine if treatment is medically and/or psychologically necessary. Failure to obtain preauthorization can result in a financial penalty to either the provider or beneficiary.

b. Congenital Anomaly: A condition existing at or from birth that is a significant deviation from the common form or norm and is other than a common racial or ethnic feature. Note that congenital anomalies do not include anomalies relating to teeth (including malocclusion or missing tooth buds) or structures supporting the teeth, or to any form of hermaphroditism or sex gender confusion..

c. Cosmetic, Reconstructive or Plastic Surgery: Surgery that can be expected primarily to improve the physical appearance of beneficiary or that is performed primarily for psychological purposes, or that restores form, but does not correct or improve materially a bodily function.

d. Diagnostic Requirements: Beneficiary criteria required to provide coverage for cosmetic, plastic surgery authorization, outlined in the appropriate references (a) through (d).

e. Preauthorization Requirement: All Region 13 beneficiaries seeking plastic, cosmetic surgery admissions are required to obtain prior authorization to ensure procedures requested are covered.

## 5. RESPONSIBILITIES.

### a. REFERRING PROVIDER:

(1) Documents clinical recommendations, communicating those recommendations to the patient. Clinical documentation should support the surgery being considered or recommended. The Primary Care Manager (PCM) will complete the TEO PCM form for the patient needing Reduction Mammoplasty (Appendix A). Note that plastic cosmetic surgery requested post gastric bypass will not be approved unless the patient is 18 months out from the surgery with a documented stable weight for a period of 4 months.

(2) Submits clinical documentation to their local TRICARE Service Center. Release of information should follow Service guidance for confidentiality and documentation of "Patient Release of Information" for care coordination and claims reimbursement purposes.

(3) Pending receipt of authorization:

(a) Participates in securing an accepting provider based on the treatment needs of the patient and provides the necessary documentation.

(b) Coordinates with the beneficiary's host nation attending physician, obtains pertinent clinical data, and coordinates discharge planning to ensure continuity of care.

(c) Communicates with the TRICARE Europe Office (TEO) on any quality of care concerns and issues regarding treatment provided by a host nation physician or at a host nation facility.

### b. TRICARE Service Center (TSC):

(1) The local TSC provides the administrative support for the authorization process in the role of TOP Health Care Finder functions. Specific responsibilities include:

(a) Reviews the request to ensure it is a covered benefit under TOP.

(b) Checks eligibility of the beneficiary and provides a copy of DEERS/enrollment

verification paperwork, along with an authorization request and clinical documentation to the TEO. Ensures that a confidentiality statement is on the fax coversheet. Ensures good phone/fax contact numbers are provided. Sends the request via facsimile to: TEO/ATTN: Plastic/Cosmetic Authorization request

- Primary line: DSN: 496-6377
- Commercial outside of Germany: 49-6302-67-77
- Commercial within Germany 06302-67-6377
- Alternate line: DSN: 496-6378
- Alternate Commercial outside of Germany: 49-6302-67-6378
- Alternate Commercial within Germany: 06302-67-6378

(2) Sends authorization paperwork received from TEO to the referral physician and/or facility.

(3) Documents the authorization approval within the EWRAS “Non-Availability Statement (NAS)” system in accordance with guidance provided by the TEO Regional Operations Division. An NAS should not be entered into the system if a hard copy authorization form has not been received from the TEO.

(3) Communicates with TEO on any feedback received from the beneficiary and/or family member on concerns or issues with the host nation facility or host nation provider.

d. TRICARE Europe Office (TEO): The TEO is the centralized point of contact for preauthorization. Responsibilities include:

(1) Ensuring designated personnel within the TEO issue an authorization. The list of designated authorizing personnel is provided to Wisconsin Physician Services (WPS), TRICARE Overseas Program claims payer.

- The Care Authorization must be attached to claim in order for WPS to pay. A paper authorization form will be used for claims submitted from OCONUS plastic/cosmetic surgery to facilities and providers to enable identification of designated authorizing personnel.

(2) The TEO will process the authorization request within 7 workdays of receipt of the completed paperwork.

(3) Authorizes or denies the appeal and answers the denial package request.

(4) TEO will forward the authorization paperwork to the TSC who initiated the request.

## Appendix A

### TEO PCM Sheet for Reduction Mammoplasty Pre-Authorization Referral Form

Date \_\_\_\_\_

Patient Name: \_\_\_\_\_

**Relevant Physical Findings:** *(i.e. Describe any limitations of physical activity as a result of Macromastia, you may attach separate sheet)*

**Symptoms:** *Circle those that are a result of Macromastia:*

Postural Backache	Upper Back Pain	Neck Pain	Ulnar Paresthesia
Shoulder Grooving	Intertrigo	Pain of Breast	Poor Posture

**NOTE:** The policy excludes reduction mammoplasty to treat fibrocystic disease of the breast or mastopexy surgery for breast ptosis. Also, the beneficiary should be informed prior to the procedure that they may have scarring and inability to breastfeed post reduction mammoplasty. The host nation provider should address specific concerns with each patient.

\_\_\_\_\_  
PCM Signature

\_\_\_\_\_  
Date

***TSC Use Only*** (FAX Checklist to TEO ATTN: CASE MANAGER)  
496-6377 FAX or commercial 0049 (0) 6302-67-6377

The following documentation is attached to this form:

☐ DEERS Eligibility Sheet

☐ Treatment Plan from Host Nation Provider to Include Surgical Date